CITY OF COLUMBUS
STORMWATER & REGULATORY MANAGEMENT SECTION
SUPPLEMENTAL PERMIT QUESTIONNAIRE
FOR NPDES INDUSTRIAL ACTIVITY

Completed forms must be submitted to the Sewer Permit Office at 111 N. Front Street, 1st Floor, Columbus OH 43215 or faxed to the Permit Office at 614-645-1840. If you have any questions, call the Permit Office at 614-645-7490.

Property Address: __________________________________________________

Owners Name: _____________________________________________________

Business Name: ____________________________________________________

Phone Number: _____________________________________________________

E-Mail Address: _____________________________________________________

Step – I Four digit Standard Industrial Classification Code (SIC) ________, or North American Industry Classification System Code (NAICS) _________(If unknown, go to step II.)

Step – II Will your facility manufacture or process any of the following products or be involved in any of the following activities; check all that apply.

_____ Timber Products
_____ Paper and Allied Products
_____ Chemical and Allied Products
_____ Asphalt Paving, Roofing Materials and Lubricants
_____ Glass Clay, Cement, Concrete and Gypsum Products
_____ Primary Metals
_____ Metal Mining (Ore Mining and Dressing)
_____ Coal Mines and Coal Mining Related Facilities
_____ Oil and Gas Extraction and Refining
_____ Mineral Mining and Dressing
_____ Hazardous Waste Treatment, Storage, or Disposal Facilities
_____ Landfills and Land Application Sites
_____ Automobile Salvage Yards
_____ Scrap Recycling Facilities
_____ Steam Electric Generating Facilities
_____ Land Transportation and Warehousing
_____ Water Transportation
_____ Ship and Boat Building or Repairing Yards
_____ Air Transportation
_____ Treatment Works, Sewerage 1.0 MGD, Land Dedicated for disposal
_____ Food and Kindred Products
_____ Textile Mills, Apparel, and Other Fabric Product Manufacturing, Leather and Leather Products
_____ Furniture and Fixtures
Type of Business

If you have one please attach a business card.

Any other contact information

Comments

Signature ___________________________ Date ________________

Note: Occupancy will be withheld until this form is received by the Permit Office.

**Office Use**

Sanitary Sewer Permit # __________________________
Forward questionnaire to Industrial Waste Pretreatment Section, 1250 Fairwood Ave, Room 186 via Interdepartmental Mail.